

CLAIMS ONLY	SERIAL NO.	FILING DATE
APPLICANT(S)		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1	1		
3			1			
4			1	1		
5				2		
6				2		
7				2		
8			1	1		
9			1	1		
10				2		
11				2		
12				1		
13				1		
14				2		
15				2		
16				1		
17				1		
18			1			
19			1			
20				2		
21				2		
22				2		
23				2		
24				2		
25				1		
26				1		
27				2		
28				2		
29				1		
30				1		
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TOTAL IND.			4			
TOTAL DEP.			36			
TOTAL CLAIMS			40			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/830647

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1					
4	1					
5		2				
6		2				
7		2				
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TOTAL IND.	4					
TOTAL DEP.	30					
TOTAL CLAIMS	34					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS